

# HOPWA ELECTRONIC REIMBURSEMENT SUBMISSION PROCESS

CITY OF ATLANTA



# HOPWA Electronic Reimbursement Submission Process

- ▶ To assist Project Sponsors in the submission of timely reimbursement requests, the City of Atlanta is establishing an electronic submission process.
- ▶ Going forward, all HOPWA reimbursement requests must be submitted as a PDF file via email at [grantpayments@atlantaga.gov](mailto:grantpayments@atlantaga.gov).
- ▶ New reimbursement forms have been created to supplement the HOPWA 1 Form.

# HOPWA Electronic Reimbursement Submission Process

The new HOPWA Electronic Reimbursement Submission Process now requires the following forms to be submitted as a PDF via email to [grantpayments@atlantaga.gov](mailto:grantpayments@atlantaga.gov):

1. HOPWA 1 Form
2. HOPWA Reimbursement Request Form (new)
3. HOPWA Program Reimbursement Payment Register (new)

CITY OF ATLANTA DISBURSMENT REQUEST (HOPWA 1)					
Project Name		Oracle Project # / Task #			
IDIS Project No.		Award #			
Contract Period		IDIS Plan Year			
For Period from		Contract Amount			
Report No.		Contractor			
IDIS Activity #	A	B	C	D	E
	Line Items by HOPWA Activity	Reimbursable Expenses this Report	Cumulative Expenditures Prior Report	Total Expenditures to Date	Budget Allocation
	<b>A Facility Based Housing:</b>				
I	Facility Rental / Lease				
	<b>II Facility Utilities</b>				
III	Facility Insurance Bonding				
IV	Facility Contractual Services				
V	Facility Materials/Supplies				
VI	Facility Other Costs				
<b>4375</b>	<b>Facility-based Housing Subtotal</b>				
	<b>B Support Services</b>				
I	Support Svc: Staff Salaries				

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# HOPWA Electronic Reimbursement Submission Process

- ▶ An Excel Workbook, containing the new reimbursement forms, has been created for Project Sponsors to use to help facilitate an easier and more streamlined reimbursement process.

CITY OF ATLANTA

## HOPWA ELECTRONIC REIMBURSEMENT SUBMISSION PROCESS



City of Atlanta  
HOPWA Project Sponsors  
Reimbursement Request Form  
How To Use These Forms

This document contains forms to assist project sponsors in the electronic submission of reimbursement requests to the City of Atlanta. Please scan all completed worksheets into PDF format and submit via email [infopayments@atlantaga.gov](mailto:infopayments@atlantaga.gov) along with the HOPWA 1 Form.

Instructions  
How to Use These Forms

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# HOPWA Electronic Reimbursement Submission Process

## Reimbursement Request Cover Page - HOPWA 1 Form

CITY OF ATLANTA DISBURSMENT REQUEST (HOPWA 1)					
Project Name		Oracle Project # / Task #:			
IDIS Project No.		Award #:			
Contract Period		IDIS Plan Year:			
For Period from		Contract Amount:			
Report No.		Contractor:			
IDIS Activity #	A	B	C	D	E
	Line Items by HOPWA Activity	Reimbursable Expenses this Report	Cumulative Expenditures Prior Report	Total Expenditures to Date	Budget Allocation
	<b>A Facility Based Housing:</b>				
	I Facility Rental / Lease				
	II Facility Utilities				
	III Facility Insurance Bonding				
	IV Facility Contractual Services				
	V Facility Materials/Supplies				
	VI Facility Other Costs				
4375	<b>Facility-based Housing Subtotal</b>				
	<b>B Support Services</b>				
	I Support Svc Staff Salaries				
	II Support Svc Staff Fringes				
	III Support Svc Transportation				
	IV Support Svc Communications				
	V Support Svc Rental Lease				
	VI Support Svc Equipment Purchase				
	VII Support Svc Materials/Supps.				
	VIII Support Svc Other Direct Costs				
	<b>Support Services Subtotal</b>				
	<b>C Administration</b>				
	I Administration Staff Salaries				
	II Administration Staff Fringes				
	III Contracted Admin Services				
	IV Other Administrative Costs				
	<b>Administration Subtotal</b>				
	<b>D Resource ID</b>				
	I Resource ID Staff Salaries				
	Resource ID Staff Fringes				
	Res ID - Strategic Implementn.				
	<b>Resource ID Subtotal</b>				
	<b>PROJECT GRAND TOTAL</b>				

### Certification by Board Authorized Representative

(must be signed by a representative specifically authorized by organization's Board of Directors)

I, \_\_\_\_\_, of the \_\_\_\_\_, do hereby certify that: 1) I am authorized to make legally binding certifications on behalf of the organization named above; 2) The cost items for which reimbursement is being requested have not been and will not be submitted to any other funding entity, either for reimbursement or as documentation of the use of funds advanced; 3) The portions of expenses for which reimbursement is being requested were incurred for the activity as described above, exclusively for the benefit of "eligible persons," as defined under the terms of the HOPWA Agreement; 4) The organization is maintaining on a daily basis the statistical data necessary to report program benefit, as currently outlined by the COA; 5) The organization is in full compliance with all of our obligations and responsibilities under the HOPWA Agreement, and I am aware of any pending events or activities that would violate any term or terms of that Contract Agreement, and 6) the

Total Costs To Date (Total Column B+C) \$0.00 Contractor Signature: \_\_\_\_\_  
Less Total Previously Paid or Reported (Col C) \$0.00 Title: \_\_\_\_\_  
Total This Report Payable: \$0.00 Date: \_\_\_\_\_

Approval: Office Reviewer:	Date:
Commissioner/Director:	Date:
Grant Accounting:	Date:

# New HOPWA Reimbursement Forms

## Supplemental Form #1 - HOPWA Reimbursement Request Form

City of Atlanta HOPWA Project Sponsors Reimbursement Request Form					
Section I - Project Sponsor Information					
Project Name		2. Oracle Project #/Task #	3. IDIS Project #	4. Award #	
Housing For All		9999	9999	9999	
Contract Period	6. IDIS Plan Year	7. For Period From	8. Contract Amount	9. Report No.	
7/1/19 - 6/30/20	2019	1/1/20 - 1/31/20	\$ 500,000.00	7	
Contractor Name		11. Preparer's Name & Title			
Sponsors R Us		Mary Smith, Grant Accountant			
Prepared	2/10/2020	13. Phone Number	404-999-9999	14. Email Address	msmith@sponsorsrus.org
Section II - Summary of Expenditures					
15. HOPWA Activity	16. Expenditure Description	17. Vendor's Name	18. Date Paid	19. Check or Trans. Number	20. Amount Paid
Staff Salaries	Payroll for Supportive Service Staff	Sponsors R Us	1/15/20	1234	\$ 7,500.00
Staff Fringes	Fringe benefits for Supportive Service Staff	Sponsors R Us	1/15/20	1235	\$ 1,875.00
Staff Salaries	Payroll for Supportive Service Staff	Sponsors R Us	1/30/20	1296	\$ 7,500.00
Staff Fringes	Fringe benefits for Supportive Service Staff	Sponsors R Us	1/30/20	1297	\$ 1,875.00
Transportation	Mileage Reimbursements for Supportive Service Staff	Sponsors R Us	1/15/20	1350	\$ 925.00
Lease	Rent payment for 2-1bdrm units and 2-2bdrm units	Apartments Unlimited, LLC	1/2/20	1202	\$ 5,000.00
taxes and benefits for supportive services staff; mileage reimbursements for multiple supportive service r master leased units for January 2020				22. Total Amount of Funds Expended	\$ 24,675.00
				23. Program Income Deduction	\$ 1,100.00
				24. Amount Due as Reimbursement	\$ 23,575.00
Section III - Summary of Expenditures Certification					
In making this reimbursement request, I certify to the best of my knowledge and belief that the reimbursement request is true, complete, and accurate and the expenditures and cash receipts are for the purposes and objectives set forth in the terms and conditions of the City's contract and grant agreement for the Federal award. Any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).					
Preparer's Signature:		Mary Smith		26. Date:	2/10/2020
Signature of Authorized Representative (Reviewer):		Ima N. Charge		28. Name & Title of Authorized Representative:	Ima N. Charge, Chief Financial Officer
				29. Date:	2/11/2020

# Supplemental Form #2 - HOPWA Program Reimbursement Payment Register

[illegible]

# New HOPWA Reimbursement Forms

Each new form, within the Excel Workbook, consists of three (3) tabs:

1. A red tab that contains step by step instructions;
2. A yellow tab that contains a sample completed form; and
3. A green tab that contains the blank form template for completion.

City of Atlanta HOPWA Project Sponsors Reimbursement Request Forms	
How To Use These Forms	
This document contains forms to assist project sponsors in the electronic submission of reimbursement requests to the City of Atlanta. Please scan all completed worksheets into PDF format and submit via email to <a href="mailto:antpayments@atlantaga.gov">antpayments@atlantaga.gov</a> along with the HOPWA 1 Form.	
How To Use These Forms	
Red Tab - Instructions	
These tabs contain the step-by-step instructions on how to complete each form. Please refer back to these tabs when you complete the forms for the first time.	
Instructions 1	Instructions 2
Yellow Tab - Sample Forms	
These tabs provide examples of the completed forms and show a possible scenario for submitting reimbursement requests. Please refer back to these tabs as you complete each form for the first time to ensure you have provided all of the required information.	
Sample 1	Sample 2
Green Tab - Blank Form	
These tabs contain the blank form templates for completion. Please refer to the red and yellow tabs for instructions on completing the forms.	
HOPWA Reimbursement	Payment Register



# New HOPWA Reimbursement Forms

- ▶ Please follow the step-by-step instructions included in the Excel Workbook to complete each form and begin implementing the new process.

City of Atlanta HOPWA Project Sponsors Reimbursement Request Form
<b>Instructions</b> Complete and Submit This Form to Request Reimbursement for Eligible Expenses 1. Provide a detailed description of each expenditure for which reimbursement is being requested. The listed expenditures should match those included on the HOPWA 1 Form. 2. Maintain supporting documentation for all items referenced. 3. If you have more than 12 line items for which reimbursements are being requested, please continue the request on a new form with the same report number followed by "-1,-2,-3, etc." to denote the continuation of the report.
<b>Section I - Project Sponsor Information</b> Project Name: Please enter your Project Name. Oracle Project #/Task #: Please enter your Oracle Project #/Task #. IDIS Project #: Please enter your IDIS Project #. Award #: Please enter your Award #. Contract Period: Please enter the applicable contract period. Plan Year: Please enter the applicable IDIS Plan Year. Period From: Please enter the to and from dates for which the reimbursement is being requested. Contract Amount: Please enter the approved contract amount. Report No.: Please enter the report number associated with the request. Agency Name: Please enter your agency's name. Preparer's Name & Title: Enter the name and title of the staff person preparing the form. Prepared: Please enter the date that the form was prepared. Address: Enter the email address of the staff person preparing the form. Phone Number: Enter the phone number of the staff person preparing the form.
<b>Section II - Summary of Expenditures</b> Activity: Please enter the HOPWA Activity for which reimbursement is being requested, i.e. Support Svc. Staff Salaries, Facility <i>Please ensure that all submitted expenses are included in your APPROVED budget.</i> Description: Provide a description for each expense for which payment was made. Vendor Name: Enter the name of the vendor, if applicable, to whom payment was made for goods or services. For personnel costs, enter the vendor's name. Payment Date: Enter the date the payment was made for the referenced expenses. Check/Transaction Number: Enter the Check or Transaction number associated with the payment that was made. Amount: Enter the amount paid toward each expense for which reimbursement is being requested. Comments: Enter any comments that the Preparer feels is relevant to further explain the request. Funds Expended: This field will self-populate. Deduction: Please enter the amount of program income being applied to this request. <b>NOTE:</b> Pursuant to federal program income funds must be used prior to making a request for entitlement funds. <b>Reminder:</b> Project Sponsors must track Program Income (PI) balances monthly and apply deductions for PI funds at least quarterly via the pay request form. Funds Reimbursement: This field will self-populate.
<b>Section III - Summary of Expenditures Certification</b> Signature: Form should be printed and signed by the staff person that prepared the form. Date: Enter the date the Preparer signed the form. Signature of Authorized Representative (Reviewer): An Authorized Representative of the requesting agency must sign the request. The Preparer and Authorized Representative must be different people. Name & Title of Authorized Representative: Enter the name and title of the Authorized Representative that signed the form. Date: Enter the date the Authorized Representative signed the form.

# New HOPWA Reimbursement Forms

- ▶ A PDF version of the Excel Workbook has been provided for your reference. It should be printed out and used as a desktop reference guide.

## HOPWA ELECTRONIC REIMBURSEMENT SUBMISSION PROCESS



## HOPWA Electronic Reimbursement Submission Process

- ▶ All required supporting documentation must be maintained in your files for review during monitoring visits.

A photograph of a white sticky note pinned to a surface with a red pushpin. The note has the handwritten text "Don't Forget!!" in black ink. The background of the slide features abstract blue and green geometric shapes.

Don't  
Forget!!

## HOPWA Electronic Reimbursement Submission Process

- ▶ Please don't hesitate to contact us, if you have any questions or any problems with your submission.

